

If It's Water, Inc.

**APPLICATION FOR CREDIT**

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Ownership: Corporation ( ), Partnership ( ), Individual ( ), Other ( ) Years in Business \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ Tax Exempt? Yes ( ), No ( )

State Tax ID#: \_\_\_\_\_

**Accounts Payable Contact Information:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Partners or Officers:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Contact Information: \_\_\_\_\_

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Please fax to (610) 269-2068 or email to [bill@ifitswater.net](mailto:bill@ifitswater.net)

If It's Water, Inc.

2090 Bondsville Rd., Downingtown, PA 19335

Phone: (610) 269-2062 Fax: (610) 269-2068

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**Credit References (Please List Complete Address – MUST LIST FAX NUMBERS)**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
  
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**TERMS AND CONDITIONS OF SALE**

1. All invoices are due Net 30 days following billing date.
2. All invoices become past due on the 31<sup>st</sup> day after date of billing.
3. A finance charge of 1.5% per month or 18% APR may be charged on the unpaid balance of any past due account and is non-refundable
4. Applicant agrees to pay reasonable attorney's fees and costs of collection after default and referral to attorney.

Applicant agrees that all provisions as set forth above shall apply to any and all purchases made by applicant both before and after the date of this application and shall bind thereby the applicant, its assignee, heir(s) or successor in interest

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**PERSONAL GUARANTEE**

In consideration of If It's Water, Inc. extending credit, I/we, the undersigned, hereby jointly and severally guarantee the prompt performance of the duties and obligations set forth in this Credit Application and any/all subsequent invoices and payments to If It's Water, Inc. Its successors and assignees, from the firm stated in this Credit Application, its related entities (hereinafter collectively referred to as "Debtor"), any and all due and owing for purchase of materials for credit extended together with any interest, both before and after judgement and all costs, collection and reasonable attorney's fees.

Liability of the undersigned shall not be affected or prejudiced by the additional acceptance of Note or other evidence of indebtedness, the extension of time for payment, payment arrangements, or other indulgence granted by Debtor, or by agreement affecting said indebtedness, and the undersigned hereby waives notice of any and all of the aforesaid. The filing of suit or exhaustion of collection or legal remedies against Debtor shall not be a condition precedent to the enforcement of the guarantee and the undersigned hereby expressly waives presentment or payment, demand, protest, notice of protest or diligence. This guarantee shall be a continuing guarantee.

I/we hereby authorize If It's Water, Inc. or its agent or representative to secure a personal or business credit report and I/we agree to the release of any and all credit information. This authorization shall be continuing without expiration and photocopy or faxed copy shall be given the same effect as the original.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

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